


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000009823	
1. Entity Name DE-FENCE CONTRACTORS, LLC	

Principal Place of Business 1665 CURRYVILLE ROAD CHULUOTA, FL 32766	Mailing Address 1665 CURRYVILLE ROAD CHULUOTA, FL 32766
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DO NOT WRITE IN THIS SPACE



01022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2498780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NELSON, JEFFREY
1665 CURRYVILLE ROAD
CHULUOTA, FL 32766**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, JEFFREY 1665 CURRYVILLE ROAD CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, KAREN 1665 CURRYVILLE ROAD CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUMPER, SCOTT 420 E. 6TH STREET CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000782890
01/15/08-80094-010 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/08

Date

Daytime Phone #